2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # N26074

1. Entity Name
LIGHT UP MIAMI, INC.

Principal Place of Business	Mailing Address
100 N. BISCAYNE BLVD SUITE #1114 MIAMI, FL 33132 US.	100 N. BISCAYNE BLVD SUITE #1114 MIAMI, FL 33132 US

02012006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
65-0072143

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

NEARING, MICHEL G
KLUGER, PEREZ, KAPLAN & BERLIN, P.L.
201 SOUTH BISCAYNE BLVD. 17TH FLOOR
MIAMI, FL 33131

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	BATISTA, CARLOS
STREET ADDRESS	613 OCEAN DRIVE, UNIT 11-C
CITY-ST-ZIP	KEY BISCAYNE, FL 33149
TITLE	SD
NAME	HARRIS, JEFFREY
STREET ADDRESS	2412 SW 16TH AVE.
CITY-ST-ZIP	MIAMI, FL
TITLE	D
NAME	NEARING, MICHEL G
STREET ADDRESS	201 S. BISCAYNE BLVD. 17TH FL
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/04/06-80015-010 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X _____ 4/13/06 305-375-9100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #